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The Development of an Experimental Structured Interview Protocol for Armed Forces Health Professions Scholarship Program Selection

John Kantor



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**The Development of an Experimental Structured Interview Protocol for Armed
Forces Health Professions Scholarship Program Selection**

John Kantor

Reviewed by
Stephanie B. Kewley

Approved by
Patricia J. Thomas

Released by
Jules I. Borack
Director, Personnel Systems Department

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Navy Personnel Research and Development Center
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FOREWORD

This report is the outcome of a Bureau of Medicine and Surgery effort to reduce attrition of naval medical officers through improvement in the selection system. As the result, a prototype of a structured interview protocol was developed to facilitate the selection of naval-career-oriented applicants for the Armed Forces Health Professions Scholarship Program. It is expected that improvement in the selection system will reduce educational expenses for the Navy as well as long-term attrition of naval medical officers.

The work was conducted under the sponsorship of the Office of Chief of Naval Research (ONT-222) within the Program Element 0602233N, Project RM33M20.10: Selection Systems for Changing Organizations.

JULES I. BORACK
Director, Personnel Systems Department

SELECTION SYSTEMS PRODUCTS

Borman, W. C., & Owens-Kurtz, C. K. (1989). *Development and field test of a structured interview protocol for NROTC selection* (Institute Rep. 178). Minneapolis, MN: Personnel Decisions Research Institutes, Inc.

Borman, W. C., Owens-Kurtz, C. K., Russell, T. L. (1990, November). Development and implementation of a structured interview program for NROTC selection. In J. W. Tweeddale (Chair), *The Naval Reserve Officers Training Corps (NROTC) scholarship selection system*. Symposium conducted at the 32nd annual conference of the Military Testing Association, Orange Beach, AL.

Burch, R. L., & Abrahams, N. M. (in process). *Development and validation of the NROTC selection system*. San Diego: Navy Personnel Research and Development Center.

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Hanson, M. A., Paullin, C., Borman, W. C. (1990, November). Development of an experimental biodata/temperament inventory for NROTC selection. In J. W. Tweeddale (Chair), *The Naval Reserve Officers Training Corps (NROTC) scholarship selection system*. Symposium conducted at the 32nd annual conference of the Military Testing Association, Orange Beach, AL.

Kantor, J. (1989). *The utilization of biographical information for the reduction of motivational attrition in the NROTC scholarship program* (NPRDC-TN-89-21). San Diego: Navy Personnel Research and Development Center.



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SUMMARY

Background and Problem

A large percentage (67% in FY88) of naval medical officers resign after their initial obligations are fulfilled. The Navy would like to retain a larger proportion of these physicians for a longer period of time. At the present, over three-fourths of the commissioned physicians are obtained through the Armed Forces Health Professions Scholarship Program (AFHPSP). Improving the selection of AFHPSP participants may reduce the attrition rate of medical officers. Such an improvement in the selection process may be accomplished by the identification of naval-career-oriented applicants during interviews. The interview scores currently being used do not differentiate between physicians who resign early and those who stay in the Navy for a longer period.

Objective

The objective of this effort was to create an experimental structured interview protocol for AFHPSP applicants to identify naval career oriented individuals and, consequently, reduce attrition.

Approach

Current naval medical officers and recruiters were interviewed to identify desired characteristics of naval-career-oriented medical officers. Recruiters from other military service branches were also interviewed. In addition, theories regarding the improvement of predictive validity of interviews were utilized.

Results and Discussion

The interviewees' statements of desired medical officer characteristics that may identify naval-career-oriented individuals were combined into 13 dimensions. These 13 dimensions were further revised into five final dimensions that may be covered during an interview. These five dimensions served as a basis for the development of an experimental structured interview protocol. Suggested interview questions that tap into those five dimensions were also generated. Rating scales with behavioral anchors were developed for each dimension. In addition to the five dimensions, the interview protocol has a comments section to record additional observations and extenuating circumstances regarding an applicant, and an overall evaluation section that provides an opportunity for the interviewer to compare applicants for the AFHPSP.

Recommendations

1. BUMED should conduct a pilot study to obtain measures of reliability of this experimental interview protocol before it is implemented:
 - a. Inter-rater reliability should be established by having each applicant interview with two or more interviewers.

b. Test-retest reliability should be established by having the same raters evaluate a video-taped interview twice with a time period between ratings.

2. BUMED should collect interview scores on all AFHPSP applicants for 2 years for reliability analyses without the scores being used as an aid in the selection decision and continue collecting data for validation.

3. After 12-13 years, when criterion data mature, BUMED should do a long term validation of the interview scores against the criterion of longevity as naval medical officers.

4. After validation BUMED should prepare administrative policy and procedures for implementation of the validated interview protocol.

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INTRODUCTION

Background and Problem

The U.S. Navy and Marine Corps obtain a large portion of their medical officers through the Armed Forces Health Professions Scholarship Program (AFHPSP). During FY88, 408 (77%) of the 529 physicians receiving Navy commissions were AFHPSP recipients (Kantor, 1989). Annually, the Navy offers approximately 400 scholarships to qualified applicants who have been admitted to civilian medical schools or schools of osteopathy in return for a 3- to 4-year service obligation. Although physicians are free to leave the service after their initial obligations are fulfilled, the Navy desires to increase the percentage of the physicians who remain as career medical officers. The Navy is also concerned that the resignation rate for medical officers who have fulfilled their initial obligations is increasing (Graham, 1989). In 1984, the resignation rate for physicians whose initial obligations were completed was 52 percent; 4 years later, the rate was 67 percent. Selecting applicants to the AFHPSP who are likely to leave the Navy after the minimum required service is expensive. One way to reduce the high attrition rate of medical officers may be to alter the AFHPSP selection system.

AFHPSP Selection Process

The AFHPSP selection composite includes academic, motivational, and overall evaluation components. The academic portion of the composite consists of college grade point average (GPA) and Medical College Aptitude Test (MCAT) scores. These scores are converted into scales that have maximums of 10 and 18 points, respectively. For the motivational component, an applicant may receive a maximum indexed score of 3 on the interview and 4 for prior military service. Finally, an overall evaluation score is determined by a Professional Review Board (Board) of three medical officers who may award up to 30 points. The Board's subjective evaluation of an applicant's chance of success as a naval medical officer is based on letters of recommendation, undergraduate GPA, MCAT scores, military background, college attended, and a letter of intent.

From 1987-1989, the Board made scholarship-award recommendations to the Recruiting Command based on the following cutoff bands: 45-65 total points, primary candidate; 30-44.9 points, alternate; and less than 29.9 points, reject. A candidate who passes this initial screening also has to pass a physical exam. Finally, a qualified applicant's records are reviewed by two Recruiting Command officers who make the final decision regarding whether an applicant will be offered a scholarship. The current selection ratio is approximately .5.

The Bureau of Medicine and Surgery (BUMED) is interested in modifying the selection interview component of the present AFHPSP selection system to identify applicants who are interested in Navy careers and, thereby, reduce the exodus of physicians. Presently, global interview scores are so highly skewed to the higher end of the scale that they do not contribute to the decision about an applicant's potential to complete either the scholarship program or a full naval career. Given that 93 percent of the FY88 and FY89 applicants received the highest possible ratings, interviews provide very little effective weight in the selection decision. An improved method for assessing the AFHPSP applicant's motivation, fitness, and aptitude is needed.

Retention of Medical Officers

The literature on the retention of medical officers in the uniformed services suggests important variables that should be considered in improving the AFHPSP selection interview. Some of the variables are organizational while others deal with the personal characteristics of physicians. Although the purpose of this effort is to identify characteristics of individuals who will choose careers as naval medical officers, consideration of organizational characteristics is also important because these future naval medical officers must function productively within the organizational constraints of the military.

The current state of medical officer retention, along with several suggestions for improving retention, were documented in a report by the Flag Steering Committee (1988). Those suggestions were centered on making the Navy more attractive to physicians by increasing monetary incentives. In addition, numerous authors (Graham, 1989; Graham & May, 1989; May, Graham, & Dolfini, 1989; McMahon, May, Graham, & Dolfini, 1989; Mullins, 1984) have suggested correlates and causes of resignation among naval medical officers, but few of the variables have been systematically investigated to determine the accuracy of the researchers' conclusions.

Variables that have been associated with retention/resignation of military medical officers include the pay differential of civilian versus military physicians (Braunstein, 1974; Hellmann, 1988; McMahon et al., 1989), demographic characteristics of medical officers (Daubert, 1985; Mullins, 1984), a taste (preference) for military life (Cain, 1982; Gaffney, 1988; McMahon et al., 1989), family considerations and responsibilities (Cain, 1982; Gaffney, 1988), retirement considerations (McMahon et al., 1989; Mullins, 1984; Whalen, 1986), and source of entry (McMahon, 1989; Mullins, 1984). In addition, supervisory behavior (Feris & Peters, 1976), the adequacy of support staff, and insufficient caseload variety (Braunstein, 1974; Gaffney, 1988) have been hypothesized to influence career decisions. The effects of these variables, however, have not yet been quantified or empirically validated.

It is widely believed that the pay differential between military and civilian physicians is a primary cause of the exodus of medical officers to the civilian community (Braunstein, 1974; Cain, 1982; Daubert, 1985; Feris & Peters, 1976; Gaffney, 1988; Hellmann, 1988; Whalen, 1986). However, in spite of the pay differential, a military career is attractive to certain physicians. The challenge is to identify the job and organizational characteristics that make the Navy attractive to some physicians and to select individuals who consider those characteristics gratifying. Meeting this challenge is a first step toward reversing the current downward spiral of retention rates and ensuring that the Navy is adequately staffed with high quality medical officers.

Demographic characteristics of medical officers, such as professional credentials, age, and training have been associated with retention. Daubert (1985) found that young, board-certified specialists were the physicians most likely to leave the Air Force, while foreign-trained, older physicians (with or without specialty) were the individuals most likely to remain. Mullins (1984) found similar characteristics differentiating stayers and leavers among naval medical officers. Feris and Peters (1976) and Mullins (1984) reported that as medical officers approach retirement, the probability of remaining in the service for 20 years increases. Together, these findings may indicate that young specialists envision a long lucrative career in the civilian community, whereas foreign-trained physicians may view their chances for success in the civilian community as less

promising. Furthermore, older medical officers are relatively well paid compared to younger physicians and are more likely to stay in the Navy until retirement.

The effects of gender, marital status, frequent relocations, and family considerations on the career choices of medical officers have also been examined by researchers. Gaffney (1988) found that single, female medical officers of all three branches of the military were the individuals most likely to be retained. These findings hint at the major role that demographics and family issues play in the career decisions of naval medical officers. First, Navy women are allotted relatively few sea billets; thus, they are guaranteed shore duties--the preferred billets of most medical officers. Second, since most single, female medical officers do not have children, they would not need to leave families behind when assigned to sea duty. Married military physicians' decisions to resign are often influenced by the lack of free time available to spend with their families (Gaffney, 1988) and the effect of frequent relocations on their families (Cain, 1982).

Other important factors influencing medical officer retention are satisfaction with one's professional life and the educational opportunities present in the military (Braunstein, 1974; Feris & Peters, 1976; Gaffney, 1988; Hellmann, 1988). Satisfaction with professional life is related to having a high degree of personal responsibility, good relationships with colleagues and supervisors, adequate job security, and free time (Gaffney, 1988). Braunstein (1974) also identified medical officers' lack of participation in decisions about their own careers as a source of dissatisfaction. According to Feris and Peters (1976), a command's concern for the well-being of physicians is believed to be a more powerful influence on career decisions than are pay, status, or educational opportunities.

Source of entry of medical officers has been found to be predictive of retention. Relative to medical officers who enter through other sources, AFHPSP graduates have the highest propensity to leave both the Navy (McMahon, 1989; Mullins, 1984) and the Air Force (Whalen, 1986) immediately following the initial obligation. These findings may indicate that financial considerations play a major role in applying to the AFHPSP. Medical education is an expensive undertaking that taxes the finances of future physicians and their families. Future medical students seeking financial help for medical education often turn to military scholarships. Thus, some of the candidates for scholarships are interested only in financial support, while other applicants may be genuinely interested in a career that combines medicine and the Navy. In order to increase the proportion of career-oriented physicians, the latter subgroup of applicants needs to be identified and given priority when selecting for the AFHPSP. Given that the AFHPSP interview and application blank provide vehicles for gathering information regarding an individual's career aspirations, some discussion of those instruments seems warranted.

The Present Interview and Application Blank

A preliminary needs analysis (Kantor, 1989) of the AFHPSP selection process determined that the interview and a single application blank item that asks for the applicant's current military status are the only potential predictors of military aptitude and motivation. The response options for the "current military status" are "yes" or "no." Unfortunately, less than 1 percent of the AFHPSP applicants are in the military when they apply; thus, this variable is practically useless in assessing military aptitude and motivation.

Because all applicants must be interviewed, the interview may be the only potential predictor of retention that can be readily modified. Currently, the AFHPSP interview lasts from 5 to 40 minutes. Applicants are rated using a standard military interview form that includes four 10-point scales (appearance and poise, oral communication, leadership potential, and the interviewer's willingness to have the applicant serving under him/her when commissioned), two 5-point scales (program motivation and potential as a career naval officer), and a comments section for describing the personal qualities of applicants. There is no uniformity in how the interviews are conducted, the type of questions asked, or how responses are scored.

The Usefulness of Interviews in Other Organizations

Although the validity of interviews for predicting career intentions and motivation has long been debated, it is still the most widely used selection instrument for that purpose (Schneider & Schmitt, 1986). In their literature review, Arvey and Campion (1982) concluded that interviews have questionable validity in predicting performance. In his recent review and reevaluation, Harris (1989) concluded that interviews are better predictors of performance than was previously believed. In another recent study, Campion, Pursell, and Brown (1988) indicated that interviews have at least modest validity for employee selection and that structured interviews have higher validity in predicting performance than do unstructured interviews. In a meta-analysis of 144 validity coefficients, McDaniel, Whetzel, Schmidt, Hunter, Maurer, and Russell (1987) also found that structured interviews had a higher validity coefficient than did unstructured ones (.45 versus .36). Similarly, Cronshaw and Wiesner's (1989) meta-analytic findings reported validity coefficients of .35 and .11 for structured and unstructured interviews, respectively. The two sets of estimated validity coefficients differ because McDaniel et al. (1987) corrected their estimates for statistical artifacts (i.e., range restriction, unreliability, and sample size); whereas, Cronshaw and Wiesner did not. In any event, both sets of researchers concluded that structured interviews predict performance better than unstructured ones.

In a recent attempt to improve the predictive validity of a military selection interview, the Naval Reserve Officer Training Corps (NROTC) implemented a new structured selection interview. Previously, NROTC-selection interview ratings were only marginally related ($r = .065$, $p < .01$) to military aptitude and were not valid predictors of college GPAs or grades in naval science courses (Owens-Kurtz, Borman, Gialluca, Abrahams, & Mattson, 1988). In the new NROTC protocol, points along the rating scales are anchored by descriptions of actual behavior indicative of various performance levels. The behavioral anchors make the scales more objective and easier to administer and use. In addition, the structured interview protocol standardizes the interview process. Preliminary findings (Borman & Owens-Kurtz, 1989) have indicated that the new interview results in a wider range of scores than was found with the previous interview. Moreover, an inter-rater reliability of .95 was obtained on the overall composite.

Objective

Although interviews are far from being perfect predictors of performance and career intentions, there is evidence that structured interviews are superior to unstructured interviews (Cronshaw & Wiesner, 1989). The present effort attempted to (1) identify characteristics likely to lead to long-term service as a naval medical officer and (2) modify the AFHPSP selection interview to assess

these characteristics. It is expected that the new experimental structured interview will be a better predictor of career motivation of AFHPSP applicants than the current military interview.

APPROACH

Initial Interviews and Data Collection

Medical officers and recruiters were interviewed concerning the interview used to select AFHPSP applicants. Medical officers were interviewed because of their expertise in determining necessary qualifications of applicants to become successful medical officers. Recruiting officers were selected because of their involvement in recruiting and interviewing AFHPSP applicants. One recruiter at each of two locations (San Diego and Los Angeles), two medical officers at each of three naval hospitals (Long Beach, El Toro, and Bethesda), and two medical officers at BUMED were interviewed. The selection of the recruiters to be interviewed was based on their close geographical proximity to the researcher, while BUMED recommended the medical officers. The medical officers represented a variety of specialties (one surgeon, two psychiatrists, two general medical officers, one obstetrician/gynecologist, and two administrative medical officers), ranks (lieutenant to captain), and positions (interns, department directors, and executive officers of naval hospitals). Each recruiter and medical officer was interviewed individually for 1 to 2 hours.

To facilitate data gathering, questions (See Appendix A) were generated from earlier discussions with medical officers at BUMED and from the review of the literature. The purposes of these initial interviews were to (1) identify the portions of the interview that would benefit most from modification, (2) identify the desired personal characteristics of future medical officers that can be assessed with an interview, and (3) identify characteristics that would potentially differentiate between career medical officers and their peers who resign at the end of their initial obligations.

Each recruiter and medical officer was asked general, open-ended questions (e.g., "What are some of the characteristics of an ideal medical officer?"). Subsequent questions were more specific (e.g., "How important is physical fitness?" and "How would an ideal, an average, and a below average medical officer react to frequent reassignment?") and provided elaboration on prior answers. Also, specific questions focused on the behaviors that would be indicative of various levels of proficiency on a given dimension.

Data Collection from Other Branches of the Military

In addition to the interviews with naval recruiters and medical officers, one AFHPSP recruiter from the U.S. Air Force and another from the U.S. Army were interviewed by telephone for about 15 minutes each. One purpose of these interviews was to determine whether the other services use interviews as part of the selection process for the AFHPSP. Also, the interviews provided an opportunity to ask questions that dealt with the role of interviews in the selection process, who does the interviewing, what type of questions are asked during interviews, how candidates are rated, and the service's overall satisfaction with the interview process and results.

Refinement of the Dimensions and Development of Behavior Anchors

Based on the interviews, a list of desirable and undesirable characteristics of naval medical officers was produced. The researcher sorted the list into piles that contained similar characteristics or behavior samples of medical officers. In addition to the researcher, six personnel research psychologists independently sorted the statements into dimensions. The researchers sorted 35 of the 41 statements (86%) into 13 categories, similar to the researcher's 13 categories. The remaining six statements (14%) were either classified into additional, but related categories, or into two unique categories by one researcher with no corresponding classifications from others. Reliability of the procedure was established by checking the consistency with which the researchers classified each of the 41 statements into the 13 categories. The internal consistency of the classification was .98.

Statements from the related categories were combined by the researcher, while the two unique categories with no support from other researchers were disregarded. The essence of each category was captured and summarized in statements, later called dimensions. For example, the dimension, "Motivation for the Navy," was derived from statements that described enthusiasm, interest, and curiosity for being a naval medical officer. After the dimensions were established, the number of interviewed medical officers who had endorsed each dimension was counted.

Using the information resulting from the first set of interviews, a second round of interviews was conducted. The goals for the second set of interviews were to refine the initial dimensions for the new interview protocol, gather information that could be used to develop behavioral anchors for the interview rating form, and generate questions that could be used in the interviews of AFHPSP applicants. The two medical officers at BUMED who were interviewed during the first round and two additional medical officers at Bethesda Naval Hospital (a captain in surgery and a commander in psychiatry) were each interviewed for 1 to 2 hours.

The combined results of the initial interviews were discussed with the participants. For each dimension, the interviewees were told the number of other officers who thought that the dimension would be useful for evaluating applicants during AFHPSP-selection interviews. As in the first set of interviews, the officers generated specific questions that an interviewer could ask applicants to tap into a particular dimension. Desirable and undesirable responses were also generated for each interview dimension. These statements were used later to develop behavioral anchors for the interview rating scales. Finally, recruiters and medical officers discussed their ideas and concerns regarding the dimensions and the feasibility of collecting reliable interview data on those dimensions. The officers helped to reduce the number of initial dimensions by endorsing or rejecting some of the dimensions.

Each dimension was then transformed into specific behavioral statements by the researcher and the officers (e.g., "Physical Fitness" dimension was transformed into "The applicant participates in sports and routine physical exercises"). The behavioral statements were then evaluated with regard to the effectiveness level. For example, routine physical exercise would be desirable, occasional exercise would be moderately desirable, and no exercise would be undesirable. The desirable behavioral statements were labeled as high, the moderately desirable as average, and undesirable behavior statements as low. Each of the anchors consisted of two to five statements that describe behaviors for that level of performance. Although scholarship applicants are rated on 5-point scales, anchors were only created for the top, middle, and bottom scores; intermediate scores can be judged by the interviewers, using the anchors as guides.

Development of a Question Pool

During both sets of interviews, medical officers and recruiters were asked to generate specific questions that would tap into each of the dimensions on the interview protocol. The initial question pool was refined and expanded by the researcher based on questions from applicant-interview protocols for NROTC and the Uniformed Services University of Health Sciences. The questions were designed to elicit samples of behaviors that would indicate an applicant's motivation and aptitude to become a naval medical officer. The questions and a draft of the structured interview protocol (see Appendix B) were sent to the two previously interviewed medical officers at BUMED and also distributed to five officers at the San Diego Recruiting District for feedback and suggestions.

Development of Instructions

Instructions on conducting and scoring the AFHPSP selection interview were developed for the new structured interview protocol. General instructions were based on "Instructions for Conducting NROTC Applicant Interviews" (Borman & Owens-Kurtz, 1989). Details pertaining specifically to AFHPSP applicants were also incorporated. To ensure proper rating of an applicant, the instructions addressed both the interview questions and the behavior anchors.

A draft of the scoring instructions, dimensions, interview questions, and the interview rating form were distributed to five officers at the San Diego Recruiting District and a medical officer at BUMED for evaluation and feedback. This evaluation allowed the researcher to make final adjustments to the structured interview protocol.

RESULTS

Constructing and Refining Dimensions

The data from the 10 initial interviews with recruiters and medical officers were content analyzed. Table 1 shows the 13 dimensions that resulted; the dimensions are ordered from the most to the least frequently cited. When asked to describe characteristics that would predict career success as a naval medical officer, every interviewee cited statements related to the military background of the candidates or their families and motivation for the Navy. Other dimensions that were mentioned in at least 8 of the 10 interviews were motivation to become a military physician; commitment; leadership; adaptability, travel, and adventure; professional competence; and integrity.

During the second round of interviews, some of these dimensions were modified, combined with other dimensions, or eliminated because the four interviewees believed that it would be difficult to assess them reliably during an interview. For example, the dimension of commitment was dropped because interviewees believed that it could not be measured reliably during an interview. Other dimensions were eliminated (i.e., accomplishments) because information on these topics is already obtained on the AFHPSP application form.

Table 2 shows the five AFHPSP dimensions and their definitions that resulted from the second round of interviews with medical officers.

Table 1

Dimensions and Frequencies of Endorsement From the First Set of Interviews

Dimension	Frequency
Military background (candidate's and family's)	10
Motivation for the Navy	10
Motivation to become a military physician	9
Commitment	9
Leadership	8
Adaptability, travel, and adventure	8
Professional competence	8
Integrity	8
Personality and maturity	7
Accomplishments	6
Physical fitness	6
History of substance abuse	6
Family support	5

Table 2

AFHPSP Experimental Interview Protocol Dimensions and Their Definitions

Dimensions	Definitions
Motivation for Navy Medicine	Desire to serve in the Navy as a medical officer
Leadership	Shaping and elevating the motives and goals of followers
Physical fitness/Life style	Involvement in physical activities, absence of substance abuse
Adaptability/Maturity	Ability to handle stress and to adapt to military life style
Communication/Self-presentation	Command of the English language and grooming habits

Note. AFHPSP = Armed Forces Health Professions Scholarship Program

All four interviewees agreed that the first four dimensions were important. For communication/self-presentation, three of the four interviewees perceived it to be an important predictor of success as a naval medical officer. The last dimension resulted from the second round of interviewees' suggestion of the need for well groomed and articulate candidates for the AFHPSP. This dimension is also present in the currently used interview form and the new structured NROTC scholarship applicant interview form.

The New Experimental AFHPSP Interview Protocol

Appendix B contains the new experimental AFHPSP Structured Interview Protocol. The protocol has three major parts: Scoring Instructions, Interview Questions, and the AFHPSP Interview Form. The first section of the interview protocol provides instructions to the interviewer on how to use the interview form, the anchors, and the rating scale. The instructions are not designed to be a substitute for interviewer training. It is assumed that the interviewer will have had prior interviewing experience or training.

The second part of the interview protocol contains definitions of the dimensions, 8 to 12 specific interview questions, and rating-scale anchors for each of the five dimensions. The questions were designed to elicit responses that would indicate an applicant's future success as a naval medical officer. In addition, the questions provide structure for the interview process and a consistent frame of reference for the Board when the relative merits of applicants are judged. The anchors attached to each rating scale facilitate objective scoring of responses to interview questions. Guidelines for the Overall Evaluation of the applicant are also provided. This portion of the interview protocol provides a normative evaluation of an applicant by comparing him/her to all other AFHPSP applicants.

The third part of the interview protocol, the AFHPSP Interview Form, contains a 5-point rating scale for each of the five dimensions, an Overall Evaluation also with a 5-point rating scale, and a Comments section for additional observations. The back of the form contains brief scoring instructions, anchors for each of the five dimensions, and guidelines for providing the Overall Evaluation. The Comments section provides the interviewer with an opportunity to express an opinion of a candidate, cite extraneous circumstances that may have prevented an applicant from participating in leadership or extracurricular activities, and supply other information that may facilitate the evaluation of an AFHPSP applicant.

The new structured interview protocol has received favorable feedback from recruiters and medical officers at BUMED. A synopsis of the comments follows:

"This form clearly expresses the grading criteria used in the evaluation process."

"The topics that are to be evaluated are clearly defined."

"The subjectivity of the overall evaluation is reduced in that there is a percentage breakdown that defines who is exceptional and who is above average."

"The form is truly user friendly. It is easy to understand and the objectives of the interview are known to the interviewer."

"A comprehensive list of objectives that an interview can accomplish."

The only negative comment was received from recruiting officers. Some recruiting officers suggested that questions regarding the use of controlled substances should not be dealt with during the selection interview, since such questions are included in the AFHPSP application form. However, others felt that this topic may yield different responses when explored during an interview. Based on the latter rationale, questions regarding substance abuse are included in the new structured interview protocol.

DISCUSSION

The purpose of the present effort was to develop an experimental structured interview protocol to improve the selection of naval career-oriented applicants for the AFHPSP. This protocol provides guidelines on how the interviews should be conducted, what questions to ask, and how responses should be scored. In addition, behavioral anchors are provided that supply objective standards against which an applicant can be evaluated. The structured format promotes uniformity in the interview and standardization of the assessment of AFHPSP applicants.

The theoretical advantages of the structured interview protocol over the currently used interview are that all applicants will be asked similar questions and will be evaluated against the same standards. The standardized method of interviewing and scoring applicants will take away some of the guess work interviewers face when scoring applicants against often unspecified, ideal applicants. Naval officers' favorable comments about the new interview protocol reflect endorsement of this experimental structured interview protocol for the selection of AFHPSP applicants.

Several issues need to be dealt with, however, before this interview protocol is implemented. These issues include the training of interviewers on the correct use of the new interview protocol, the few AFHPSP applicants seen by some interviewers, and the reliability and validity of the interview ratings.

To successfully implement the new structured interview protocol, interviewers need to be trained in basic interviewing techniques. Instruction is also necessary in the use of the new instrument. Such instruction could include use of the interview questions, scoring of responses, observing and critiquing videotaped interviewers and interviewees using the new system, and having each future interviewer review videotapes of himself/herself conducting an interview. Finally, interviewers should be cautioned regarding the purpose of the structured interview: It is a selection instrument, rather than an instrument for recruiters to promote a candidate to be selected for the AFHPSP. Interviewers are already being trained in the use of the new NROTC interview form. Since the same interviewers are interviewing both the NROTC and AFHPSP applicants, the current NROTC interviewer training program could be utilized to introduce the new structured AFHPSP interview form and point out the similarities and differences between the two interview forms and the applicant populations.

Another implementation concern is the availability of a normative group. Since AFHPSP applicants are relatively few (around 1,000 per year), interviewers in some recruiting districts seldom see applicants for this program. Interviewers may compare AFHPSP applicants to applicants for other Navy and Marine Corps officer programs because of the lack of adequate cohorts. As a result, AFHPSP interview scores may be positively biased, since these applicants are college graduates or are in medical school, while applicants for other officer programs are typically high school graduates and younger.

The degree to which the new system is used consistently across raters/interviewers (the inter-rater reliability) needs to be determined. To study the inter-rater reliability, a sample of applicants should be videotaped and rated independently by two or more interviewers. The multiple sets of ratings could then be compared. Results of such analyses would suggest possible ways in which the process could be systematized further.

Last and most important, the validity of the experimental interview protocol should be established. Validity estimates provide information about how well interview scores predict performance. A three step validation process (short-term, intermediate, and long-term) is suggested for the new interview protocol. An ideal criterion for short-term validation is the acceptance into the scholarship program. A possible interim indicator of longevity as a naval medical officer could be application and acceptance into a Navy internship and/or residency program after the completion of medical school. Interest in a Navy internship and residency program (as opposed to a similar civilian program) may indicate motivation to become career naval medical officers. Intermediate validation would be conducted when applicants who have been interviewed with the new protocol have reached the point of decision making on internship or residency training. Long-term performance, which is the most important criterion, would be service beyond the initial obligation. Data for such a validation study would be available after applicants complete medical school and their initial obligations as naval medical officers.

A final caution is warranted. Retention/resignation decisions are driven by many variables that cannot be predicted by a selection interview. Although the use of a validated instrument may facilitate the selection of career-oriented medical officers, there are a number of other issues, such as financing a medical education, financial discrepancies between civilian and military medical careers, and the selection ratio of applicants to scholarship recipients that must be addressed by BUMED to overcome the medical officer resignation problem currently facing the Navy.

RECOMMENDATIONS

1. BUMED should conduct a pilot study to obtain measures of reliability of this experimental interview protocol before it is implemented:
 - a. Inter-rater reliability should be established by having each applicant interview with two or more interviewers.
 - b. Test-retest reliability should be established by having the same raters evaluate a videotaped interview twice with a time period between ratings.
2. BUMED should collect interview scores on all AFHPSP applicants for 2 years for reliability analyses without the scores being used as an aid in the selection decision and continue collecting data for validation.
3. After 12-13 years, when criterion data mature, BUMED should do a long term validation of the interview scores against the criterion of longevity as naval medical officers.
4. After validation BUMED should prepare administrative policy and procedures for implementation of the validated interview protocol.

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APPENDIX A
POOL OF QUESTIONS FOR THE INITIAL INTERVIEWS

POOL OF QUESTIONS FOR THE INITIAL INTERVIEWS

Person interviewed: _____ Date: _____

What type of information are you looking for in an interview?

How well does the present interview protocol tap into that information?

Does the present interview protocol have standardized questions?

In your opinion, what is missing from the present interview protocol? How can it be improved?

Can some of the information sought during the interview process be gathered elsewhere (e.g., application blank)?

How does the present interview assess the motivations of an applicant to become a career naval medical officers?

Is that a goal of the interview?

How does a recruiter's quota affect interview scores?

Are there questions asked about short-term, long-term career intentions during the interview?

How are those answers scored, and how much weight do they carry (e.g., differential weighting of applicants who want to spend 4 years, 10 years, 25 years, etc., in the Navy)?

How does an AFHPSP applicant's attitude toward the military compare to the attitudes of applicants to the Naval Academy and NROTC?

Do applicants receive a realistic job description (job preview) of a Navy physician during the interview? Do they know what they are getting into?

Do you provide opportunities for the applicants to meet naval medical officers before accepting a scholarship? Would this be useful/important?

Some applicants to the AFHPSP withdraw before selection decisions are made. What is the most frequently cited reason for the withdrawal?

What are some of the characteristics of an ideal naval medical officer?

What characteristics would you not want to see in a naval medical officer?

Are those characteristics reliable predictors of performance for naval medical officers that an interviewer may pick up?

APPENDIX B

STRUCTURED INTERVIEW PROTOCOL FOR AFHPSP
APPLICANT SELECTION

STRUCTURED INTERVIEW PROTOCOL FOR AFHPSP APPLICANT SELECTION

Scoring Instructions

The interviewer starts with a question from a section and continues with other questions until satisfied with the behavior sample of the applicant in a given dimension. Once the interviewer is satisfied with one dimension, he/she goes on to the next dimension and follows the same procedures. The interviewer may take notes during the interview to make it easier to recall interview responses and to assign ratings. Once the interview is completed, the interviewer reviews the notes and assigns ratings on the AFHPSP Applicant Interview Form.

Although there are only three anchors listed for each section of the interview, applicants will be evaluated on a 5-point scale. If the applicant's behavior resembles the behavior described in the high anchor, the rating should be 5. If behavior resembles the description in average or low anchors, the ratings should be 3 or 1, respectively. If some of the behaviors resemble descriptions in the high anchor and some in the average anchor, then the applicant should receive a rating of 4. Similar considerations should be given to behaviors between the low and average anchors, where the applicant should receive a rating of 2.

DIMENSIONS, ANCHORS, AND INTERVIEW QUESTIONS

Motivation for Navy Medicine: Desire to serve in the Navy as a medical officer. An understanding of military conduct, policies, and willingness to work within those confines.

High: The applicant's familiarity with Navy requirements reflects a genuine, long-term desire to become a naval medical officer (e.g. familiar with Navy terms and the life of a military officer). Has relative(s) or friends who have served in the Navy. Feels comfortable and is knowledgeable talking about career goals in the Navy. Asks appropriate questions about duties and obligations of an AFHPSP student and of a medical officer. Friends and family are supporting the applicant in the effort to become a naval medical officer.

Average: The applicant has reasonable interest in the Navy but is not committed to become a career naval medical officer. Sees the opportunity as a business exchange rather than as a career choice. Has some knowledge of military life, some family members and/or friends may have served in the Navy.

Low: The applicant has no knowledge or understanding of Navy medicine. The only reason for applying for AFHPSP is the financial benefits. Sees self as a civilian physician after fulfilling a minimum obligation to repay the Navy for the scholarship. Applying to several scholarship programs and the Navy does not have a clear priority.

Sample questions:

Describe how your interest in Navy medicine developed.

What activities or events have influenced your decision to become a Navy physician?

What do you comprehend to be the role of a Navy physician?

What do you regard as the advantages or disadvantages of practicing medicine in the Navy?

What are some of the difficulties you may encounter by becoming a Navy physician?

In what area of medicine do you wish to specialize? Why are you choosing that specialty?

What type of practice do you see yourself as having in the Navy?

What would you like to be doing 10 years from now? How can the Navy help you to accomplish that?

What knowledge do you have of military life and military medicine?

How are your family and friends reacting to your decision to seek a Navy scholarship?

If you are not offered a Navy medical scholarship, what is your alternative plan?

What questions do you have about Navy medicine?

Leadership: Has a history of leadership functions in school, extracurricular activities, and/or civic organizations. Seeks added responsibilities and leadership positions. (Particular attention should be paid to post-high school leadership positions. Such factors as number of offices held, number of people led, and duration of leadership position(s) should be taken into consideration.)

High: Seeks leadership positions at work and at school. Exhibits exemplary behavior for followers. Made significant contributions to organizations where served as a leader. Displays desire to continue working in responsible positions. Exhibits confidence, independence, and determination to succeed. Recognizes own strengths and limitations.

Average: The applicant held few leadership positions for short durations. Leadership experiences have resulted in minor contribution to the organization. Visualizes supervisory duties later in his/her career, but primary interest lays in medicine rather than in leadership activities.

Low: Has never had leadership responsibilities for team or group activities. Never volunteered for leadership position or ran for elective office. Wants to be a physician, but shows no interest in supervisory activities. Has difficulties in dealing with administrative details.

Sample questions:

Which of your activities has involved positions of leadership or responsibility?

How did you exercise this responsibility?

Why have you sought or avoided leadership positions?

What accomplishments or changes occurred as the result of your leadership?

How will you react to assignments that involve supervisory duties?

To what extent are you interested in moving toward supervisory positions later on in your career?

What deficiencies or weaknesses would you want to overcome or improve?

How do you generally react to stress? Give an example.

Describe one area in which you fell short of your expected goal, and why?

Describe some things in life that you feel proud of, and why?

Physical fitness: The candidate shows active involvement in physical activities. Has no history of substance abuse and generally follows healthy life style.

High: The applicant is a good swimmer. Participates in sport activities and routine physical exercises. Seems to be in excellent physical condition and plans to continue physical activities. Has no history of substance abuse.

Average: Participates in some physical exercises but not on a regular basis. Seems to be in good physical condition, may not be able to swim. No history of substance abuse; however, may not condemn others who use drugs.

Low: Has not participated in any team or individual sport activities. Seems physically unfit and/or overweight. May have abused or presently abuses alcohol or drugs. The candidate's view on the use of controlled substances differs from that of the military.

Sample questions:

Do you set aside blocks of time each week for physical activities? If so, how long and for what activities?

What types of physical activities are you involved in on regular basis?

What plans do you have to stay in shape during your medical education?

Describe your swimming skills.

Describe your accomplishments in individual or group sport activities.

Are you using any prescription drugs? For what ailments?

Are you now, or have you ever used controlled substances?

What are your views on using controlled substances?

Adaptability, Maturity: Handles stress well. Shows an ability to adapt to military life style and is ready to take on its challenges. Has a history of traveling or relocating and feels positive about the experiences. The applicant is able to handle family separation and frequent relocation.

High: Has handled stressful situation with calmness and determination. Sets priorities and completes most projects with excellent results. Frequent relocation and family separation did not cause stress for the applicant.

Average: Handles stressful situations in a mature fashion. Sets priorities and carries through with the most important projects. Some projects may have been dropped as the result of multiple demands on the applicant's time. The applicant relocated once or twice. Although not particularly fond of the experience, relocation did not cause extreme distress.

Low: Stressful situations may have caused missing deadlines, dropping projects, or classes. Has no history of frequent relocation and feels negative about the idea of traveling frequently. Has difficulty juggling multiple demands on his/her time.

Sample questions:

How do you handle stress? How does it effect your ability to complete projects?

What do you do when you have more obligations than you can possibly fulfill?

Describe a situation when you had to make substantial changes in your life style in order to achieve a "higher" goal in life. How did you handle it?

What problems would be created for you by possible frequent moves or assignments to remote areas?

What do you like or dislike about traveling?

Describe the places you have visited outside of your current state of residence.

Have you had previous experience with moving. How frequently? What did you like or dislike about it?

How did you and your family react to frequent relocations?

Have you ever suffered disappointments in pursuing your professional goals? How did they affect you?

Communication, Self-presentation: Has good command of the English language. Uses appropriate words and answers questions precisely. Asks direct and focused questions on relevant topics.

High: The applicant is a good listener. Speaks clearly. Uses correct grammar and vocabulary. Is courteous and respectful when answering questions. Is poised, relaxed, and articulate during the entire interview. Avoids the use of slang. Has neat appearance.

Average: The applicant has a good command of the language, however, may use jargon or slang when more appropriate words are in order. Nervousness during the interview may have caused fidgeting and sometimes inappropriate use of the language. Generally follows a line of conversation and answers questions in a straightforward manner. Has acceptable grooming habits.

Low: Is inattentive and has difficulty answering questions. Responses to questions are not direct. Uses inappropriate grammar or vocabulary. Jumps from topic to topic. May be excessively nervous. Has difficulty carrying on a conversation. Exhibits low self-confidence, poor eye contact. Utilizes single word answers, uses slang. Grooming habits may be questionable.

There are no questions to be asked for this category. Interviewer makes observations regarding the correct use of language, the manner in which applicants answer the other questions, their body language, and general appearance.

Comments: The interviewer may ask additional questions from the applicant for the AFHPSP. Such questions may deal with special circumstances of the applicant, hobbies, lack of involvement in school activities because of family circumstances, and other extenuating circumstances the interviewer feels may be useful in evaluating the applicant. Responses should be written up in a few sentences without repeating information that is readily available in other sections of the applicant's file.

OVERALL EVALUATION

This score should be based on the combination of all sections of the interview. The interviewer rates the applicant in comparison to all other applicants for the AFHPSP and assigns a rating of 1 to 5.

- (5)--**Exceptional**; top 5 percent of applicants.
- (4)--**Well above average**; top 25 percent of the applicants.
- (3)--**Average**; middle 50 percent of applicants.
- (2)--**Below average**; bottom 25 percent of applicants.
- (1)--**Poor**; bottom 5 percent of applicants

AFHPSP INTERVIEW FORM

Please type or print legibly. After the interview, circle your rating of the applicant in each category. Please refer to the scoring instructions on the reverse side.

Name of Applicant

Last First Middle Date

Motivation for Navy Medicine

High Average Low
5 4 3 2 1

Leadership

High Average Low
5 4 3 2 1

Physical Fitness

High Average Low
5 4 3 2 1

Adaptability, Maturity

High Average Low
5 4 3 2 1

Communication, Self Presentation

High Average Low
5 4 3 2 1

Overall Evaluation

Exceptional Above Average Average Below Average Poor
Top 5% Top 25% Middle 50% Bottom 25% Bottom 5%
5 4 3 2 1

COMMENTS:

Name of Interviewer

Last First Middle
Designator Rank District

SCORING INSTRUCTIONS

Although there are only 3 anchors listed for each section of the interview, applicants should be evaluated on a 5-point scale. If the applicant's behavior resembles the behavior described in the high anchor, the rating should be 5. If behavior resembles the description in average or low anchors, the ratings should be 3 or 1, respectively. If some of the behaviors resemble descriptions in the high anchor and some in the average anchor, then the applicant should receive a rating of 4. Similar considerations should be given to behaviors between the low and average anchors, where the applicant should receive a rating of 2.

MOTIVATION FOR NAVY MEDICINE

(5) High: The applicant has genuine desire to become a Navy physician. The applicant's familiarity with Navy requirements reflects the long-term desire to become a naval medical officer (e.g. familiar with Navy terms and the life of a military officer). Has relatives or friends who have served in the Navy. Feels comfortable and is knowledgeable talking about career goals in the Navy. Asks appropriate questions about duties and obligations of an AFHPSP student and of a medical officer. Friends and family are supporting the applicant in the effort to become a naval medical officer.

(3) Average: The applicant has reasonable interest in the Navy but is not committed to become a career naval medical officer. Sees the opportunity as a business exchange rather than as a career choice. Has some knowledge of military life, some family members and/or friends may have served in the Navy.

(1) Low: The applicant has no knowledge or understanding of Navy medicine. The only reason for applying for AFHPSP is the financial benefits. Sees self as a civilian physician after fulfilling a minimum obligation to repay the Navy for the scholarship. Applying to several scholarship programs and the Navy does not have a clear priority.

LEADERSHIP

(5) High: Seeks leadership positions at work and at school. Always punctual in completing projects. Exhibits exemplary behavior for followers. Made significant contributions to organizations where served as a leader. Displays desire to continue working in responsible positions. Exhibits confidence, independence, and determination to succeed. Recognizes own strengths and limitations.

(3) Average: The applicant held few leadership positions for short durations. Leadership experiences have resulted in minor contribution to the organization. Visualizes supervisory duties later in his/her career, but primary interest lays in medicine rather than in leadership activities.

(1) Low: Has never had leadership responsibilities for team or group activities. Never volunteered for leadership position or ran for elective office. Wants to be a physician, but shows no interest in supervisory activities. Has difficulties in dealing with administrative details.

PHYSICAL FITNESS

(5) High: The applicant is a good swimmer. Participates in sport activities and routine physical exercises. Seems to be in excellent physical condition and plans to continue physical activities. Has no history of substance abuse.

(3) Average: Participates in some physical exercises but not on a regular basis. Seems to be in good physical condition, may not be able to swim. No history of substance abuse, however, may not condemn others who use drugs.

(1) Low: Has not participated in any team or individual sport activities. Seems physically unfit and/or overweight. May have abused or presently abuses alcohol or drugs. The candidate's view on the use of controlled substances differs from that of the military.

ADAPTABILITY, MATURITY

(5) High: Has handled stressful situation with calmness and determination. Sets priorities and completes most projects with excellent results. Frequent relocation and family separation did not cause stress for the applicant.

(3) Average: Handles stressful situations in a mature fashion. Sets priorities and carries through with the most important projects. Some projects may have been dropped as the result of multiple demands on the applicant's time. The applicant relocated once or twice. Although not particularly fond of the experience, relocation did not cause extreme distress.

(1) Low: Stressful situations may have caused missing deadlines, dropping projects, or classes. Has no history of frequent relocation and feels negative about the idea of traveling frequently. Has difficulty juggling multiple demands on his/her time.

COMMUNICATION, SELF PRESENTATION

(5) High: The applicant is a good listener. Speaks clearly. Uses correct grammar and vocabulary. Is courteous and respectful when answering questions. Is poised, relaxed and articulate during the entire interview. Avoids the use of slang. Has neat appearance.

(3) Average: The applicant has a good command of the language, however, may use jargon or slang when more appropriate words are in order. Nervousness during the interview may have caused fidgeting and sometimes inappropriate use of the language. Generally follows a line of conversation and answers questions in a straightforward manner. Has acceptable grooming habits.

(1) Low: Is inattentive and has difficulty answering questions. Responses to questions are not direct. Uses inappropriate grammar or vocabulary. Jumps from topic to topic. May be excessively nervous. Has difficulty carrying on a conversation. Exhibits low self-confidence, poor eye contact. Utilizes single word answers, uses slang. Grooming habits may be questionable.

OVERALL EVALUATION

(5)--Exceptional; top 5 percent of applicants.

(4)--Well above average; top 25 percent of the applicants.

(3)--Average; middle 50 percent of applicants.

(2)--Below average; bottom 25 percent of applicants.

(1)-- Poor; bottom 5 percent of applicants.

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